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STATE OF SOUTH DAKOTA
Statement of Legal Newspaper Ownership and Circulation

1. TITLE OF NEWSPAPER: Lake Andes Wave		2. DATE: 9/30/22
3. FREQUENCY OF ISSUE: Weekly	3A. NO. OF ISSUES PUBLISHED ANNUALLY: 52	3B. ANNUAL SUBSCRIPTION PRICE: $50 In / $55 Out St.

4. COMPLETE MAILING ADDRESS OF KNOWN OFFICE OF PUBLICATION (Street, City, County, State and ZIP+4 Code) (Not printers)
PO Box 369, Lake Andes SD 57356

5. COMPLETE MAILING ADDRESS OF THE HEADQUARTERS OR GENERAL BUSINESS OFFICES OF THE PUBLISHER (Not printers)
209 S Main Avenue, Wagner, SD 57380

6. FULL NAME OF PUBLISHER: Barbra A Pechous

7. OWNER (If owned by a corporation, its name and address must be stated and list on the back of this form the names and addresses of stockholders owning or holding 1 percent or more of total amount of stock. If not owned by a corporation, the names and addresses of the individual owners must be given. If owned by a partnership or other unincorporated firm, its name and address, as well as that of each individual must be given.

FULL NAME	COMPLETE MAILING ADDRESS
Pechous Publications LLC	209 S Main Avenue, Wagner, SD 57380

8. KNOWN BONDHOLDERS, MORTGAGES, AND OTHER SECURITY HOLDERS OWNING OR HOLDING 1 PERCENT OR MORE OF TOTAL AMOUNT OF BONDS, MORTGAGES OR OTHER SECURITIES (If there are none, so state. If more space is needed, list on back of this form.

9. EXTENT AND NATURE OF CIRCULATION	AVERAGE NO. COPIES EACH ISSUED PRECEDING 12 MONTHS	ACTUAL NO. COPIES ISSUED NEAREST TO FILING DATE
A. TOTAL NO. COPIES (Net Press Run Plus Paid Electronic Copies)	257	201
B. PAID AND/OR REQUESTED CIRCULATION 1. Sales through dealers and carriers, street vendors, and counter sales.	31	32
2. Mail Subscription (Paid and or requested)	115	111
3. Paid Electronic Copies	20	26
C. TOTAL PAID AND/OR REQUESTED CIRCULATION (Sum of 9B1, 9B2 and 9B3.)	166	169
D. FREE DISTRIBUTION 1. BY MAIL, CARRIER OR OTHER MEANS		
2. SAMPLES, COMPLIMENTARY AND OTHER FREE COPIES	20	15
E. TOTAL DISTRIBUTION (Sum of C, D1 and D2)	186	184
F. COPIES NOT DISTRIBUTED 1. Office use, left over, unaccounted, spoiled after printing	71	17
2. Return from News Agents		
G. TOTAL (Sum of E, F1 and F2 – Should equal total shown in A.)	257	201

Statement must be signed by Publisher, Business Manager, or Owner in the presence of a Notary Public
I swear that the statements made by me are true, correct, and complete:

Barbra Pechous (Signature)

Publisher (Title)

State of South Dakota)
§
County of Charles Mix)

Sworn to before me this 28th day of December, 2022

Notary Public

My commission expires: Exp: 07-27-2028

(Seal)

SOUTH DAKOTA NOTARY PUBLIC SEAL

Form: SOS REC 051 9/2016